

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

FOR COURT USE ONLY

Benjamin Heston
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Nexus Bankruptcy
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- ☐ Debtor(s) appearing without an attorney
☒ Attorney for Debtor(s)

**United States Bankruptcy Court
Central District of California - Riverside Division**

In re:
Benjamin Schmidt

Nicole Schmidt

CASE NO.:
CHAPTER: 7

**DECLARATION BY DEBTOR(S)
AS TO WHETHER INCOME WAS RECEIVED
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s)

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

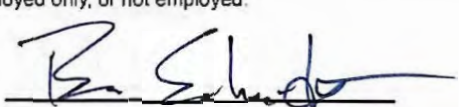
1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 03/29/2024

Benjamin Schmidt
Printed name of Debtor 1


Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

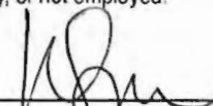
2. ☒ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ I was paid by an employer. Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☒ I was not paid by an employer because I was either self-employed only, or not employed.

Date: 03/29/2024

Nicole Schmidt
Printed name of Debtor 2


Signature of Debtor 2

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.



ALTA MED HEALTH SERVICES CORP.
 PAYROLL ACCOUNT
 2040 CAMFIELD AVENUE
 LOS ANGELES, CA 90040

Period Beginning: 01/21/2024
 Period Ending: 02/03/2024
 Pay Date: 02/09/2024

Filing Status: Married filing jointly
 Exemptions/Allowances:
 Federal: Standard Withholding Table,\$125 Extra
 Withholding

Social Security Number: XXX-XX-7181

BENJAMIN SCHMIDT
15928 E PRESERVE LOOP
CHINO CA 91708

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|------------------|
| Regular Hours | 57.1032 | 72.00 | 4,111.43 | 11,420.64 |
| Pto | 57.1032 | 8.00 | 456.83 | 456.83 |
| Holiday | | | | 1,827.31 |
| Gross Pay | | | \$4,568.26 | 13,704.78 |

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$3,916.68

| Deductions | Statutory | | |
|------------|---------------------|-------------------|----------|
| | Federal Income Tax | -269.32 | 807.96 |
| | Social Security Tax | -271.35 | 814.05 |
| | Medicare Tax | -63.46 | 190.38 |
| | CA State Income Tax | -90.36 | 271.08 |
| | CA SDI Tax | -48.11 | 144.33 |
| | Other | | |
| | Critical Illnes | -7.88 | 23.64 |
| | Dental Pre Tax | -26.77* | 80.31 |
| | Life - Children | -0.49 | 1.47 |
| | Life - Spouse | -0.70 | 2.10 |
| | Life Ins | -1.40 | 4.20 |
| | Medical Fsa | -41.67* | 125.01 |
| | Medical Pre Tax | -123.31* | 369.93 |
| | Vision Pre Tax | -3.00* | 9.00 |
| | 403B Ee Cntrb | -456.83* | 1,370.47 |
| | GrouptermLife | | 3.11 |
| | Misc | | -3.11 |
| | Net Pay | \$3,163.61 | |
| | Primary Chking | -3,163.61 | |
| | Net Check | \$0.00 | |

Other Benefits and Information

| | this period | total to date |
|---------------|-------------|---------------|
| G.T.L. | 3.11 | 9.33 |
| 403B Er Match | 182.73 | 548.21 |
| Pto | | 266.66 |

Important Notes

YOUR COMPANY PHONE NUMBER IS 323-725-8751

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Married
 Exemptions/Allowances:
 CA: 4

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ALTA MED HEALTH SERVICES CORP.
 PAYROLL ACCOUNT
 2040 CAMFIELD AVENUE
 LOS ANGELES, CA 90040

Advice number: 00000063789
 Pay date: 02/09/2024

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| BENJAMIN SCHMIDT | xxxxx8932 | xxxx xxxx | \$3,163.61 |

THIS IS NOT A CHECK

NON-NEGOTIABLE



ALTA MED HEALTH SERVICES CORP.
 PAYROLL ACCOUNT
 2040 CAMFIELD AVENUE
 LOS ANGELES, CA 90040

Period Beginning: 02/04/2024
 Period Ending: 02/17/2024
 Pay Date: 02/23/2024

Filing Status: Married filing jointly
 Exemptions/Allowances:
 Federal: Standard Withholding Table,\$125 Extra
 Withholding

Social Security Number: XXX-XX-7181

BENJAMIN SCHMIDT
15928 E PRESERVE LOOP
CHINO CA 91708

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|------------------|
| Regular Hours | 57.1032 | 80.00 | 4,568.26 | 15,988.90 |
| Holiday | | | | 1,827.31 |
| Pto | | | | 456.83 |
| Gross Pay | | | \$4,568.26 | 18,273.04 |

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$3,916.68

| Deductions | Statutory | |
|---------------------|-----------|----------|
| Federal Income Tax | -269.32 | 1,077.28 |
| Social Security Tax | -271.35 | 1,085.40 |
| Medicare Tax | -63.46 | 253.84 |
| CA State Income Tax | -90.36 | 361.44 |
| CA SDI Tax | -48.10 | 192.43 |

Other Benefits and Information

| | this period | total to date |
|---------------|-------------|---------------|
| G.T.L. | 3.11 | 12.44 |
| 403B Er Match | 182.73 | 730.94 |
| Pto | | 274.97 |

Important Notes

YOUR COMPANY PHONE NUMBER IS 323-725-8751

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Married
 Exemptions/Allowances:
 CA: 4

| Other | |
|------------------|-------------------|
| Critical Illnes | -7.88 |
| Dental Pre Tax | -26.77* |
| Life - Children | -0.49 |
| Life - Spouse | -0.70 |
| Life Ins | -1.40 |
| Medical Fsa | -41.67* |
| Medical Pre Tax | -123.31* |
| Vision Pre Tax | -3.00* |
| 403B Ee Cntrb | -456.83* |
| GrouptermLife | 3.11 |
| Misc | -3.11 |
| Net Pay | \$3,163.62 |
| Primary Chking | -3,163.62 |
| Net Check | \$0.00 |

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ALTA MED HEALTH SERVICES CORP.
 PAYROLL ACCOUNT
 2040 CAMFIELD AVENUE
 LOS ANGELES, CA 90040

Advice number: 00000083868
 Pay date: 02/23/2024

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| BENJAMIN SCHMIDT | xxxxx8932 | xxxx xxxx | \$3,163.62 |

THIS IS NOT A CHECK

NON-NEGOTIABLE



ALTA MED HEALTH SERVICES CORP.
 PAYROLL ACCOUNT
 2040 CAMFIELD AVENUE
 LOS ANGELES, CA 90040

Period Beginning: 02/18/2024
 Period Ending: 03/02/2024
 Pay Date: 03/08/2024

Filing Status: Married filing jointly
 Exemptions/Allowances:
 Federal: Standard Withholding Table,\$125 Extra
 Withholding

Social Security Number: XXX-XX-7181

BENJAMIN SCHMIDT
15928 E PRESERVE LOOP
CHINO CA 91708

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|------------------|
| Regular Hours | 57.1032 | 72.00 | 4,111.43 | 20,100.33 |
| Holiday | 57.1032 | 8.00 | 456.83 | 2,284.14 |
| Pto | | | | 456.83 |
| Gross Pay | | | \$4,568.26 | 22,841.30 |

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$3,916.68

| Deductions | Statutory | |
|---------------------|-----------|----------|
| Federal Income Tax | -269.32 | 1,346.60 |
| Social Security Tax | -271.35 | 1,356.75 |
| Medicare Tax | -63.46 | 317.30 |
| CA State Income Tax | -90.36 | 451.80 |
| CA SDI Tax | -48.11 | 240.54 |

Other Benefits and Information

| | this period | total to date |
|---------------|-------------|---------------|
| G.T.L. | 3.11 | 15.55 |
| 403B Er Match | 182.73 | 913.67 |
| Pto | | 283.28 |

Important Notes

YOUR COMPANY PHONE NUMBER IS 323-725-8751

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Married
 Exemptions/Allowances:
 CA: 4

| Other | |
|------------------|-------------------|
| Critical Illnes | -7.88 |
| Dental Pre Tax | -26.77* |
| Life - Children | -0.49 |
| Life - Spouse | -0.70 |
| Life Ins | -1.40 |
| Medical Fsa | -41.67* |
| Medical Pre Tax | -123.31* |
| Vision Pre Tax | -3.00* |
| 403B Ee Cntrb | -456.83* |
| GrouptermLife | 3.11 |
| Misc | -3.11 |
| Net Pay | \$3,163.61 |
| Primary Chking | -3,163.61 |
| Net Check | \$0.00 |

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ALTA MED HEALTH SERVICES CORP.
 PAYROLL ACCOUNT
 2040 CAMFIELD AVENUE
 LOS ANGELES, CA 90040

Advice number: 00000103715
 Pay date: 03/08/2024

| Deposited to the account of | account number | transit | ABA | amount |
|-----------------------------|----------------|---------|------|------------|
| BENJAMIN SCHMIDT | xxxxx8932 | xxxx | xxxx | \$3,163.61 |

THIS IS NOT A CHECK

NON-NEGOTIABLE



ALTA MED HEALTH SERVICES CORP.
PAYROLL ACCOUNT
2040 CAMFIELD AVENUE
LOS ANGELES, CA 90040

Period Beginning: 03/03/2024
Period Ending: 03/16/2024
Pay Date: 03/22/2024

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table,\$125 Extra
Withholding

Social Security Number: XXX-XX-7181

BENJAMIN SCHMIDT
15928 E PRESERVE LOOP
CHINO CA 91708

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|------------------|
| Regular Hours | 58.8163 | 80.00 | 4,705.30 | 24,805.63 |
| Holiday | | | | 2,284.14 |
| Pto | | | | 456.83 |
| Gross Pay | | | \$4,705.30 | 27,546.60 |

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$4,040.02

| Deductions | Statutory | |
|---------------------|-----------|----------|
| Federal Income Tax | -284.12 | 1,630.72 |
| Social Security Tax | -279.85 | 1,636.60 |
| Medicare Tax | -65.45 | 382.75 |
| CA State Income Tax | -98.50 | 550.30 |
| CA SDI Tax | -49.62 | 290.16 |

Other Benefits and Information

| | this period | total to date |
|---------------|-------------|---------------|
| G.T.L. | 3.11 | 18.66 |
| 403B Er Match | 188.21 | 1,101.88 |
| Pto | | 291.59 |

Important Notes

YOUR COMPANY PHONE NUMBER IS 323-725-8751

YOUR HOURLY RATE HAS BEEN CHANGED FROM 57.1032 TO
58.8163.

Additional Tax Withholding Information

Taxable Marital Status:
CA: Married
Exemptions/Allowances:
CA: 4

| Other | |
|-----------------|----------|
| Critical Illnes | -7.88 |
| Dental Pre Tax | -26.77* |
| Life - Children | -0.49 |
| Life - Spouse | -0.70 |
| Life Ins | -1.40 |
| Medical Fsa | -41.67* |
| Medical Pre Tax | -123.31* |
| Vision Pre Tax | -3.00* |
| 403B Ee Cntrb | -470.53* |
| Groupterm life | 3.11 |
| Misc | -3.11 |

Net Pay \$3,252.01

Primary Chking -3,252.01

Net Check \$0.00

ALTA MED HEALTH SERVICES CORP.
PAYROLL ACCOUNT
2040 CAMFIELD AVENUE
LOS ANGELES, CA 90040

Advice number: 00000123619
Pay date: 03/22/2024

| Deposited to the account of | account number | transit | ABA | amount |
|-----------------------------|----------------|---------|------|------------|
| BENJAMIN SCHMIDT | xxxxx8932 | xxxx | xxxx | \$3,252.01 |

NON-NEGOTIABLE